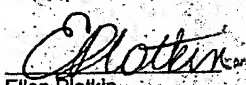


CERTIFICATE OF MAILING

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"Commissioner for Patents"
Alexandria, VA 22313-14350

on July 15, 2003


Ellen Plotkin
Attorney for Applicant(s)
Reg. No. 36,636

07/ 15 /03
Date of Signature

PATENT

CASE #J6673(C)
UNUS #Y2-R566-EDG

TECH CENTER 1600/2900

JUL 21 2003

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Pillai et al.
Serial No.: 10/003,850
Filed: November 2, 2001
For: SKIN CARE PRODUCT CONTAINING RETINOIDS, RETINOID
BOOSTER AND PHYTOESTROGENS IN A DUAL COMPARTMENT
PACKAGE

Group: 1617
Examiner: R.S. Travers
Edgewater, New Jersey 07020
July 15, 2003

RESPONSE TO RESTRICTION ELECTION UNDER 35 U.S.C. §121

Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed June 20, 2003, please amend the patent application referenced above as follows.

1617



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"Assistant Commissioner for Patents,
Alexandria, VA 22313-1450"

on July 15, 2003

Ellen Plotkin

ELLEN PLOTKIN
Reg. No. 36, 636
Attorney for Applicant(s)

07/15/03
Date of
Signature

UNITED STATES DEPT. OF COMMERCE
Patent and Trademark Office

ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

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JUL 21 2003
TECH CENTER 1600/2900

Customer Number: 000201
Attorney Docket Number: J6673(C)
Applicant: Pillai et al.
Serial No.: 10/003,850
Filed: November 2, 2001
For: SKIN CARE PRODUCT CONTAINING RETINOIDS, RETINOID BOOSTER AND PHYTOESTROGENS IN A DUAL COMPARTMENT PACKAGE
UNUS No.: Y2-R567-EDG

Group: 1617
Examiner: R.S. Travers
Edgewater, New Jersey 07020
July 15, 2003

Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a **RESPONSE TO RESTRICTION REQUIREMENT** in the above-identified application.
☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus				
Independent Claims		Minus			\$ 18.00	
Multiple Claims					\$ 80.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$ 270.00	
						\$

*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).
**If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

☐ Charge \$_____ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.
☒ The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

☒ 37 C.F.R. § 1.16;

☒ 37 C.F.R. § 1.17;

☒ 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

EP/dca
(201) 840-2253

Ellen Plotkin
Ellen Plotkin
Attorney of Record
Reg. #36,636